

**MARICOPA COUNTY SCHOOL SUPERINTENDENT'S OFFICE**  
**NEW/CHANGE USER FORM**  
**FAX THIS FORM TO JAE DICKEY 602-506-2398**

School District # \_\_\_\_\_ Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Person/Phone # \_\_\_\_\_

Please fill in the fields below to ensure proper authorization for access to your particular School District files.

This login Identification will give access to production( live ) file processing for each individual School District.

**User ID:** First initial of first name plus first five characters of the last name. Ok if last name is less than five letters. This will be the PC login ID plus the common user ID on the AS/400.

**Example:** George Washington = GWASHI

**Password:** Will reflect the user ID. All passwords should be changed as soon as the user signs on. The password may consist of ten characters alpha, or alpha/numeric but must begin with an alpha character.

**Access** Level should be either Manager or Staff.

**Level:** ( M ) Manager allows full update.

( S ) Staff limits update capability.

**Access** FMS, EMS or other.

**Files:** Please indicate all combinations.

User ID: _____ / Full Name: _____	New _____
Access Level: _____ Access Files: _____	Change _____
Fiscal Years: ____ ____ ____ Default Outq: _____	Delete _____
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User ID: _____ / Full Name: _____	New _____
Access Level: _____ Access Files: _____	Change _____
Fiscal Years: ____ ____ ____ Default Outq: _____	Delete _____
<hr/>	
User ID: _____ / Full Name: _____	New _____
Access Level: _____ Access Files: _____	Change _____
Fiscal Years: ____ ____ ____ Default Outq: _____	Delete _____